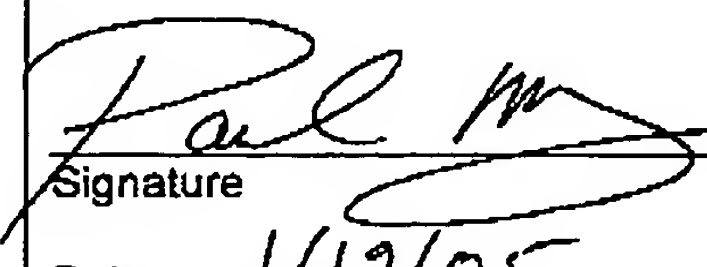



TRANSMITTAL FORM		Application Number		10/644,720			
		Filing Date		August 20, 2003			
		First Named Inventor		Jeffrey C. Hessenberger			
		Art Unit		3725			
		Examiner Name		Shelley M. Self			
Total Number of Pages In This Submission		12		Attorney Docket Number		066042-9398-01	
<b>ENCLOSURES</b> (check all that apply)				<b>PETITION FOR EXTENSION OF TIME</b>			
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other:				This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a three-month extension of time and pay the fee of \$475.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.			
<b>CLAIMS FEES</b>							
<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Addit. Claim Fee
Total	40	-	40	=0	x 25=	\$	x 50= \$0
Independent	2	-	5	=0	x 100=	\$	x 200= \$0
<input type="checkbox"/> First Presentation of Multiple Claim					+ 180=	\$	+ 360= \$0
<b>FEES</b>							
<input type="checkbox"/> Additional Claim Fee						\$0.00	
<input type="checkbox"/> Extension fee for one-month						\$0.00	
<input type="checkbox"/> Information Disclosure Statement						\$0.00	
<input type="checkbox"/> Surcharge for Missing Parts - Declaration						\$0.00	
<input type="checkbox"/> Terminal Disclaimer						\$0.00	
<b>TOTAL FEES</b>						<b>\$0.00</b>	
<b>PAYMENT OF FEES</b>							
<input type="checkbox"/> A check in the amount of \$ is enclosed.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-3080.							
<input type="checkbox"/> The Director is authorized to charge Deposit Account Number 13-3080 in the amount of \$0.00.							
<b>SIGNATURE OF ATTORNEY</b>							
Paul M. McGinley, Reg. No. 55,443 MICHAEL BEST & FRIEDRICH, LLP 100 East Wisconsin Avenue Milwaukee, Wisconsin 53202-4108 Telephone: (312) 222-0800				 Signature Date: 1/19/05			
<b>CERTIFICATE OF TRANSMISSION/MAILING</b>							
I hereby certify that this correspondence is: <input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9306. <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name				Elizabeth M. Campbell Tressler			
Signature						Date: 1/19/05	